

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Z.D.</i>		<i>10/12/99</i>
O.I.P.E. CLASSIFIER	<i>DN</i>	<i>32</i>	<i>10/18/99</i>
FORMALITY REVIEW		<i>109652</i>	<i>10/28/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2-13-03</i>
2	<i>2-13-03</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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